

INDIANA DEPARTMENT OF CHILD SERVICES

Request for Proposal to Provide:

Comprehensive Home Based Services

Regional Child Welfare Services

Response Due Date:

December 14, 2012

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Deputy Director Program and Services
Indiana Department of Child Services
302 W. Washington St., Room E306
Indianapolis, Indiana 46204

SECTION ONE

1.0 GENERAL INFORMATION AND REQUESTED SERVICES

1.1 INTRODUCTION

The Department of Child Services (DCS), in accordance with its State Plan requires multiple child welfare services in all 18 regions and 92 counties. The regions and included counties are listed below. It is the intent of DCS to solicit responses to this Request for Proposals (RFP) in accordance with the statement of work, proposal preparation section, and specifications contained in this document. This RFP is being posted to the DCS website www.in.gov/dcs/3151.htm for downloading. Neither this RFP nor any response (proposal) submitted hereto are to be construed as a legal offer.

Region 1: Lake

Region 2: Jasper, LaPorte, Newton, Porter, Pulaski, Starke.

Region 3: Elkhart, Kosciusko, Marshall, St. Joseph.

Region 4: Adams, Allen, DeKalb, Huntington, LaGrange, Noble, Steuben, Wells, Whitley.

Region 5: Benton, Warren, Fountain, White, Tippecanoe, Carroll, Clinton

Region 6: Cass, Fulton, Howard, Miami, Wabash.

Region 7: Blackford, Delaware, Grant, Jay, Randolph.

Region 8: Clay, Parke, Sullivan, Vermillion, Vigo.

Region 9: Montgomery, Putnam, Hendricks, Boone, Morgan.

Region 10: Marion

Region 11: Hamilton, Tipton, Madison, Hancock.

Region 12: Fayette, Franklin, Henry, Rush, Union, Wayne.

Region 13: Brown, Greene, Lawrence, Monroe, Owen.

Region 14: Bartholomew, Jackson, Jennings, Johnson, Shelby.

Region 15: Dearborn, Decatur, Jefferson, Ripley, Ohio, Switzerland.

Region 16: Gibson, Knox, Pike, Posey, Vanderburgh, Warrick.

Region 17: Crawford, Daviess, Dubois, Martin, Orange, Perry, Spencer.

Region 18: Clark, Floyd, Harrison, Scott, Washington.

1.2 PURPOSE OF THE RFP

The purpose of this RFP is to select Comprehensive Home Based Services vendors/providers that can satisfy the DCS need for the provision of Comprehensive Home Based Services that are to be Evidenced Based Models or Promising Practices to all 18 regions and the corresponding 92 local offices in the State. Service providers may choose to apply to serve individual counties, regions or the entire state. Services shall be inclusive (as defined in the Service Standard, see Attachment A), home based and provided for the entire family.

Service Standards, Evidenced Based Practice Models and Promising Practices

Respondents are expected to propose services in accordance with the DCS Service Standards (Attachment A). The intent of this RFP is for respondents to propose programs/treatment practices that utilize Evidenced Based Practice Models or Promising Practices based upon research. The Service Standard includes a list of approved EBP's. DCS is planning to fund training for a subset of those EBPs. DCS has been working with several EBP models to determine which practices will be supported in this way and will announce those models as soon as an agreement is reached on a rollout plan for the training, no later than 11/1/12. DCS is open to considering proposals for any of the named EBPs in the service standards, however, DCS will only fund training for the selected EBPs. Other EBPs (that are not named in the RFP) may be proposed, but a strong justification should be provided as to how the EBP will best address the needs of the specific community for which it is being proposed.

Respondents have the opportunity to propose for any Evidenced Based Practice Model or Promising Practice. DCS will be choosing to support training efforts for the selected models (list to be released on 11/1/12). DCS will not fund the training and/or start up costs for models outside of the approved list.

To summarize, Respondents may propose for an Evidence Based Practice Model that is not on the list of approved Evidence Based Practice Models for which DCS will fund the required training. DCS may approve other models that are Evidence Based or Promising Practices under this RFP and Service Standard. However, DCS will not fund the required training for those Models not on the approved Evidenced Based Practice Model list.

Some providers may choose to propose a single program that includes more than one EBP (for example, Motivational Interviewing and Cognitive Behavioral Therapy). Other providers may propose to implement two distinct program models.

1.3 SUMMARY SCOPE OF WORK

Contractors chosen will be expected to provide Comprehensive Home Based Services in a manner that is consistent with the Principles of Child Welfare Services (Attachment F). These specifications include but are not limited to, length, quality and type of service, qualifications of staff, documentation requirements, as well as program reports and evaluation.

1.4 QUESTION/INQUIRY PROCESS

All questions/inquiries regarding this RFP must be submitted in writing by the deadline of **3 p.m. Eastern Time** on 11/9/12. Questions/Inquiries may be submitted via email (dcg.childwelfareplan@dcg.in.gov) and must be received by The Department of Child Services by the time and date indicated above.

Following the question/inquiry due date, the Department of Child Services personnel will compile a list of the questions/inquiries submitted by Respondents. The responses will be

posted to the Department of Child Services website according to the RFP timetable established in Section 1.14. Only answers posted on the Department of Child Services website www.in.gov/dcs/3151.htm will be considered official and valid by the State. No Respondent shall rely upon, take any action, or make any decision based upon any verbal communication with any State employee.

Inquiries are not to be directed to any staff member of DCS. Such action may disqualify Respondent from further consideration for a contract resulting from this RFP.

If it becomes necessary to revise any part of this RFP, or if additional information is necessary for a clearer interpretation of provisions of this RFP prior to the due date for proposals, an addendum will be posted on the Department of Child Services website. If such addenda issuance is necessary, the Department of Child Services may extend the due date and time of proposals to accommodate such additional information requirements, if required.

If it becomes necessary to revise any part of this RFP, or if additional information is necessary for a clearer interpretation of provisions of this RFP prior to the due date for proposals, an addendum will be posted on the Department of Child Services website. If such addenda issuance is necessary, the Department of Child Services may extend the due date and time of proposals to accommodate such additional information requirements, if required.

1.5 PRE-PROPOSAL CONFERENCE (Bidders Conference)

A pre-proposal conference will be held on **November 5th, from 10:00am to 12:00 pm.** in the Indiana Government Center South Auditorium, 402 West Washington St., Indianapolis, IN 46204. Attendance is not mandatory but highly recommended.

1.6 DUE DATE FOR PROPOSALS

To be considered, proposals must be submitted electronically through the Proposal Portal AND the original signed copy must be mailed to:

Department of Child Services
ATTN: Proposals
302 West Washington Street, MS 47
Indianapolis, IN 46204

All electronic copies of the proposal must submitted online on or before 12/14/2012 with the original copy postmarked by 12/14/2012.

Any proposal not submitted electronically and postmarked by 12/14/2012 will not be considered. Any late proposals will be returned, unopened to the respondent upon request. All proposals rejected due to not meeting the deadline and not claimed within 30 days of the proposal due date will be destroyed.

1.7 PROPOSAL CLARIFICATIONS AND DISCUSSIONS, AND CONTRACT DISCUSSIONS

The State reserves the right to request clarifications on proposals submitted to the State. The State also reserves the right to conduct proposal discussions, either oral or written, with Respondents. These discussions could include request for additional information, request for cost or technical proposal revision, etc. Additionally, in conducting discussions, the State may use information derived from proposals submitted by competing respondents only if the identity of the respondent providing the information is not disclosed to others. The State will provide equivalent information to all respondents which have been chosen for discussions. Discussions, along with negotiations with responsible respondents may be conducted for any appropriate purpose.

The Department of Child Services or its appointed representatives will initiate and facilitate all discussions. Any information gathered through oral discussions must be confirmed in writing.

1.8 REFERENCE SITE VISITS

Following an award, The State may require site visit(s) to a Respondent's working support center to aid in the evaluation of the Respondent's provision of service.

1.9 TYPE AND TERM OF CONTRACT

The State intends to sign a contract with multiple Respondent(s) to fulfill the requirements in this RFP. (Sample Contract in Attachment H) (Exhibit 1 of the Contract is in Attachment I)

The term of the contract shall be for a period of 24 months, beginning as early as 2/1/2013. The state may exercise the option to extend contracts for two years.

Due to the focus of implementing Evidenced Based Practice Models and Promising Practices in Indiana, this RFP may have staggering start dates. The RFP award recipients will propose an implementation timeline in the Service Narrative (Attachment D) that will be solidified during the contract negotiation period.

1.10 CONFIDENTIAL INFORMATION

Respondents are advised that materials contained in proposals are subject to the Access to Public Records Act (APRA), IC 5-14-3 et seq., and, after the contract award, the entire RFP file may be viewed and copied by any member of the public, including news agencies and competitors. Respondents claiming a statutory exception to the APRA must place all confidential documents in a sealed envelope clearly marked "Confidential" and must indicate on the outside of that envelope that confidential materials are included. The Respondent must also specify the statutory exception of APRA that applies. The State reserves the right to make determinations of confidentiality. If the Respondent does not identify the statutory exception, DCS will not consider the submission confidential. If the State does not agree that the information designated is confidential under one of the

disclosure exceptions to APRA, it may seek the opinion of the General Counsel for the Department of Child Services. Prices are not confidential information.

1.11 SECRETARY OF STATE REGISTRATION

If awarded a contract, the Respondent will be required to register with your legal name, and be in good standing, with the Secretary of State. This legal name must be used on all documents included in the proposal process. The registration requirement is applicable to all limited liability partnerships, limited partnerships, corporations, S-corporations, nonprofit corporations and limited liability companies. Information concerning registration with the Secretary of State may be obtained by contacting:

Secretary of State of Indiana
Corporation Division
402 West Washington Street, E018
Indianapolis, IN 46204
(317) 232-6576
www.in.gov/sos

Note: When you complete the application, your agency's legal name must match your registered name with the Secretary of State. If it does not and your agency is selected for a contract, the contract will be delayed until this is resolved.

Before contracts are moved through the signature process they must pass review by the Department of Workforce Development (DWD) and Department of Revenue (DOR). If an agency that is accepted for a contract by DCS has unpaid unemployment insurance or unpaid taxes to the State, the contract will be held until these issues are resolved. Any issues must be resolved with DWD/DOR. It is extremely important that all agencies are aware of this review to prevent delays in the timely execution of the contract.

1.12 COMPLIANCE CERTIFICATION

Responses to this RFP serve as a representation that the respondent has no current or outstanding criminal, civil, or enforcement actions initiated by the State, and it agrees that it will immediately notify the State of any such actions. The Respondent also certifies that neither it nor its principals are presently in arrears in payment of its taxes, permit fees or other statutory, regulatory or judicially required payments to the State. The Respondent agrees that the State may confirm, at any time, that no such liabilities exist. If such liabilities are discovered, the State may bar the Respondent from contracting with the State, cancel existing contracts, withhold payments to setoff such obligations, and withhold further payments or purchases until the entity is current in its payments on its liability to the State and has submitted proof of such payment to the State. If, in an audit or review by the State, it is discovered that there is a non-compliance issue with either the service standard or the contract, the State may elect to impose a financial penalty.

1.13 AMERICANS WITH DISABILITIES ACT

The Respondent specifically agrees to comply with the provisions of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq. and 47 U.S.C. 225).

1.14 SUMMARY OF MILESTONES

| Key RFP Dates: Activity | Date |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Issue of RFP | 09/19/12 |
| Pre-Proposal Conference | 11/05/12 |
| Deadline to Submit Written Questions | 11/9/12 |
| Answers to Vendor questions posted on DCS website | 11/19/12 |
| Submission of Proposals | 12/14/12 |
| The following timeline is only an illustration of the RFP process. The dates associated with each step are not to be considered binding. Due to the unpredictable nature of the evaluation period, these dates are commonly subject to change. | |
| Proposal Evaluation | 12/14/12-2/1/13 |
| Notification of Awards | TBA* |
| Preparation of Contracts | TBA* |
| Contract Signature Process | TBA* |
| Contract Activation | TBA* |

* Due to the focus of implementing Evidenced Based Practice Models and Promising Practices in Indiana, this RFP may have staggering contract start dates. The RFP award recipients will propose an implementation timeline in the Service Narrative (Attachment D) that will be solidified during the contract negotiation period.

SECTION TWO

Comprehensive Home Based Services Program Proposal

2.0 PROPOSAL PREPARATION INSTRUCTIONS

2.1 GENERAL

To facilitate the timely evaluation of proposals, a standard format for proposal submission has been developed and is described in this section. The proposal/application will be submitted electronically with a hardcopy mailed to the DCS central office. (See Attachment B instructions on electronic submission).

Each Program Proposal must include:

1. Application: The application is prepared online through www.in.gov/dcs. It includes agency information, geographic area to be covered and proposed unit rates.
2. Provider Narrative: The Provider Narrative template must be used (Attachment C)
This portion of the proposal allows the applicant to provide detailed information about the overall agency.
3. Service Narrative: The Service Narrative template must be used (Attachment D).
This portion of the proposal allows the applicant to provide specific information regarding the proposed service.

Some providers may choose to propose a single program that includes more than one EBP (for example, Motivational Interviewing and Cognitive Behavioral Therapy). If this is the case, they should develop a single budget and use the components:

Assessment

Other/Combination Per diem

Other/Combination per diem with Medicaid

Other providers may propose to implement two distinct program models. In which case, each program model would have separate proposal and budget.

4. Budget: The Budget template must be used. (Attachment E)

Note: Budget worksheets will be posted after the RFP is posted in an Addendum.

Respondents will be required to print the Program Proposal from the Proposal Portal website and sign the application in blue ink. This application and all of the submitted attachments should be mailed as indicated in the table below.

Note: Respondents will submit only one proposal for all counties/regions to be served. The applicant must propose the same rate for each county (rates may not vary by geographic location).

The RFP submissions must include the following:

| | Submitted Electronically by 12/14/12 | Submitted Signed Hard Copy postmarked by 12/14/12 |
|-------------------------------------------|-----------------------------------------|---------------------------------------------------------|
| Application | <input type="checkbox"/> | <input type="checkbox"/> |
| Attachment C – Provider Narrative | <input type="checkbox"/> | <input type="checkbox"/> |
| Attachment D(s) – Service Narrative(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| Attachment E– Budget (s) | <input type="checkbox"/> | <input type="checkbox"/> |

Prior to submitting the proposal, it is vital that the proposal be reviewed to ensure that all required information is included.

Proposals cannot be submitted electronically without the required program narrative(s) and/or budget. All proposals must be submitted in entirety electronically no later than 5:00 pm, December 14, 2012 and a hard copy post marked no later than December 14, 2012.

2.2 APPLICATION

The application is prepared online through

https://financials.dcs.in.gov/Public/RFP/RequestDetails.aspx?Request_ID=10000053. It includes agency information, geographic area to be covered and proposed services with corresponding unit rates. It also includes the certification that the respondent agrees to the assurances (Attachment G), sample contract (Attachment H), Child Welfare Principles (Attachment F) and service standards (Attachment A). The application should be signed by a person authorized to commit the Respondent to its representations and who can certify that the information offered in the proposal meets all general conditions.

2.3 PROVIDER NARRATIVE AND SERVICE NARRATIVE

The Provider Narrative (Attachment C) and Service Narrative (Attachment D) must utilize the provided templates. Each program proposal will include one Provider Narrative along with one Service Narrative for each proposed service model. The Provider Narrative will include information specific to the agency as a whole. The Service Narratives will outline the specific services to be delivered.

Proposals must identify and meet service components in the Service Standards (see Attachment A). Proposals must identify outcomes consistent with those identified in the Service Standards and those identified by the chosen Evidence Based Practice Model or Promising Practices. Proposals must demonstrate the organizational and procedural structure that are necessary to deliver the services proposed.

2.5 BUDGET AND SUMMARY

Note: Budget worksheets will be posted after the RFP is posted in an Addendum.

Respondents will be required to submit a specific budget and summary for each Evidenced Based Practice Model and/or Promising Practice proposed.

Services will be paid on a per diem bases. Respondents should submit a full budget per Model to be implemented.

Some providers may choose to propose a single program that includes more than one EBP (for example, Motivational Interviewing and Cognitive Behavioral Therapy). If this is the case, they should develop a single budget and use the components:

Assessment

Other/Combination Per diem

Other/Combination per diem with Medicaid

Other providers may propose to implement two distinct program models. In which case, each program model would have separate proposal and budget.

Federal Selected Disallowed Expenses (Attachment L) list all expenses that cannot be included in the budget.

Community Mental Health Centers

It is anticipated that some services within the chosen model will be eligible for Medicaid reimbursement through Medicaid Rehabilitation Option. For this reason, Community Mental Health Centers who choose to apply should submit two per diem (2) rates for each Model to be implemented. One rate should be for those children (and their families) who are eligible for Medicaid Rehabilitation Option services and the second rate should be for children/families who are not eligible for Medicaid Rehabilitation Option services. The per diem rate for children eligible for MRO services should not include any services that are billable to MRO.

NOTE: MRO match is to be paid outside of the per diem.

SECTION THREE

PROPOSAL EVALUATION

3.1 PROPOSAL EVALUATION PROCEDURE

The State will select a group of personnel to act as a proposal evaluation team. Subgroups of this team, consisting of one or more team members, will be responsible for evaluating proposals with regard to compliance with RFP requirements. All evaluation personnel will use the evaluation criteria stated in Section 3.2. The Department of Child Services designee will, in the exercise of sole discretion, determine which proposals offer the best means of servicing the interests of the State. Recommendation by the Regional Service Councils will be considered when determining which proposals will be accepted for contracts.

The procedure for evaluating the proposals against the evaluation criteria will be as follows:

1. Each proposal will be evaluated for adherence to requirements and Assurances on a pass/fail basis. Proposals that are incomplete or otherwise do not conform to proposal submission requirements may be eliminated from consideration.
2. Each proposal will be evaluated on the basis of the categories included in Section 3.2. A point score has been established for each category.
3. If technical proposals are close to equal, greater weight may be given to price.
4. Based on the results of this evaluation, the qualifying proposal determined to be the most advantageous to the State, taking into account all of the evaluation factors, may be selected by the Department of Child Services for further action, such as contract negotiations. If, however, the Department of Child Services decides that no proposal is sufficiently advantageous to the State, the State may take whatever further action is deemed necessary to fulfill its needs. If, for any reason, a proposal is selected and it is not possible to consummate a contract with the Respondent, the Department of Child Services may begin contract preparation with the next qualified Respondent or determine that no such alternate proposal exists. The State may also choose multiple respondents to provide services.

3.2 EVALUATION CRITERIA

Proposals will be evaluated based upon the proven ability of the Respondent to satisfy the requirements of the RFP in a cost-effective manner. Each of the evaluation criteria categories is described below with a brief explanation of the basis for evaluation in that category (Attachment K) The points associated with each category are indicated following the category name (total maximum points = 100). If any one or more of the listed criteria on which the responses to this RFP will be evaluated are found to be inconsistent or incompatible with applicable federal laws, regulations or policies, the specific criterion or criteria will be disregarded and the responses will be evaluated and scored without taking into account such criterion or criteria.

SECTION FOUR

REPORTS

4.1 REPORTS

Providers will be required to prepare, maintain, and provide any statistical reports, program reports, other reports, or other information as requested by DCS relating to the services provided.

A generic monthly report has been developed for all other service standards. It is titled “Monthly Progress Report”.

These monthly reports are due by the 10th of the month following service.

DCS will require an electronic reporting system which will include documenting time and services provided to families. DCS may also adopt a standardized tool for evaluating family functioning. Services will include administration of this tool at the initiation of services as well as periodically during service provision.

SECTION FIVE

ATTACHMENTS

| | | |
|----------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| A | Service Standards | |
| B | Application | Instruction on how to complete the electronic Application |
| C | Provider Narrative | One per proposal |
| D | Service Narrative | One per service standard being proposed |
| E | Budget | Completed using standardized budget template. |
| F | Principals of Child Welfare Services | For your information. A signed Application certifies agreement to adhere to the Principals of Child Welfare Services. |
| G | Assurances | For your information. A signed Application certifies the Assurances. |
| H | Sample Contract | Sample only |
| I | Exhibit 1 | Certification of Completion of Required Criminal and Background Checks |
| J | Reporting Forms | Expectations for reporting once a provider has a contract to provide services. |
| K | Proposal Scoring Tool | Tool that DCS staff will use to score the proposals |
| L | Federal Selected Disallowed Expenses | For your information. Expenses that are not allowed. |

ATTACHMENT A
Service Standards
See www.in.gov/dcs/3151.htm for attachment

ATTACHMENT B
INSTRUCTIONS FOR ELECTRONIC APPLICATION
See www.in.gov/dcs/3151.htm for attachment

FOR THE ACTUAL PROPOSAL APPLICATION:
SEE https://financials.dcs.in.gov/Public/RFP/RequestDetails.aspx?Request_ID=10000053 for
the actual proposal/application.

ATTACHMENT C
PROVIDER NARRATIVE
COMPREHENSIVE HOME BASED SERVICES

PROVIDER NARRATIVE (Maximum 3 pages)

Respondents should only submit one Provider narrative per proposal. The provider narrative must address the following topics:

1. GENERAL PROGRAM/SERVICE TITLE

This section should cover all important history and development of the organization to date, along with the organizational chart including Board of Directors and any other affiliates. This section of the narrative should also be used to cover all important organizational history and your agency's ability to deliver community-based services to at-risk children and their families.

2. HISTORY OF QUALITY SERVICES

This section should document that the agency/provider historically has had an acceptable working relationship with the local DCS or other community agencies, if there is no prior relationship with the DCS.

ATTACHMENT D SERVICE NARRATIVE COMPREHENSIVE HOME BASED SERVICES

SERVICE NARRATIVE Respondents must provide a service narrative that addresses the following topics:

1. PROGRAM NAME/PROPOSED PROGRAM MODEL

The Service Narrative should provide the program name as well as describe the proposed Evidenced Based Model/Promising Practice to be utilized in delivering the program. Evidence based practice or Promising Practice models will be required. The Service Standard includes a list of approved EBP's. DCS is planning to fund training for a subset of those EBP's. DCS has been working with several EBP models to determine which practices will be supported in this way and will announce those models as soon as an agreement is reached on a rollout plan for the training. DCS is open to considering proposals for any of the named EBP's in the service standards, however, DCS will only fund training for the selected EBP's. Other EBP's (that are not named in the RFP) may be proposed, but a strong justification should be provided as to how the EBP will best address the needs of the specific community for which it is being proposed.

Section should include all services that are covered in the selected model being proposed. Conversely, the respondent should outline services that may be needed by a family but would be considered outside of the scope of the model being proposed. This section should include how the selected program model addresses the needs of the specific community for which service is being proposed.

If an established Evidenced Based Model is not being proposed, this section should include justification and in-depth explanation of the promising practice being proposed.

The Evidence Based Model or Promising Practice to be utilized must be consistent with the DCS practice model and the Comprehensive Home Based Services Service Standard.

2. MODEL IMPLEMENTATION/STAFF TRAINING AND SUPERVISION

Service Narrative should provide a detailed plan of how Evidenced Based Model/Promising Practice will be implemented in area to be served. Section should include start up plan and process, including training and supervision requirements of staff. Section should describe the initial and ongoing training and oversight of the direct workers and supervisory staff. Qualifications of staff and supervisors should be described in detail.

3. ADHEARANCE TO EVIDENCE BASED MODEL/PROMISING PRACTICE FIDELITY

Service Narrative should include respondent's experience and training related to the service delivery model. Section should include estimated length of service and service delivery methods. While some portions of the service may be office based, the service should be primarily provided in the community and in home. . Section should include Respondent's experience and training related to the service delivery model.

4. INTAKE/REFERRAL/ASSESSMENT PROCESS

Describe the intake and referral process to be utilized in the program including respondent's procedure/methods for a guaranteed time frame for initiation of services. Section should include information on the Initial Assessment of the family and the decision making process for acceptance or denial of the family into the program.

5. SERVICED DEMOGRAPHICS

Narrative should define the target population, the geographical service area, and provide the projected number of clients the Provider/Agency intends to serve, the caseload maximum for each direct worker and the number of direct workers under each supervisor. Section should also project the average length of service. If serving more than one region include staff/office location for each region. Also complete below summary of proposed service for each region proposed.

This section should provide information on the inclusion of staff in the DCS Quality Services Reviews.

6. PROGRAM EVALUATION/GOALS

Service Narrative identifies outcomes consistent with the Service Standard and program specific goals of the Evidenced Based Model. These goals should be beyond the goals outlined in the Service Standard. Section should address why these goals are applicable and how the agency will adhere to the above goals and measures of the chosen Evidenced Based Model.

7. REPORTING

Service Narrative outlines the method of tracking and reporting each goal and measure listed in the Service Standard and in question 6 above.

8. TIMELINE

Service Narrative provides a description of the anticipated timeline to accept referrals/serve families. Section should outline a detailed startup/training timeline (including time to hire and train staff, build capacity/promote program in the proposed service area, timeline should cover from award notification date to when families can be served).

9. COST JUSTIFICATION

Service Narrative should describe/summarize the costs involved in providing the proposed services outlined including, but not limited to; licensing fees, training, supervision, DCS QSR training, ect.

Summary of proposed service:

| Proposed Region: | Projected # of Families to be served | Projected length of services per family | Projected caseload # per direct worker | Projected cost per family | Evidenced Based Model/Promising Practice to be used |
|------------------|--------------------------------------|-----------------------------------------|----------------------------------------|---------------------------|-----------------------------------------------------|
| | | | | | |
| | | | | | |

ATTACHMENT E BUDGET

See www.in.gov/dcs/3151.htm for attachment

Note: Budget worksheets will be posted after the RFP is posted in an Addendum.

ATTACHMENT F PRINCIPLES OF CHILD WELFARE

PRINCIPLES OF CHILD WELFARE SERVICES

- 1) Safety and well-being of children and of all family members is paramount. Strengthening and preserving families is the best way to promote the healthy development of children including stopping violence in the family as well as violence against their mothers.
- 2) Services are focused on the family as a whole; families are partners in identifying and meeting individual and family needs; and family strengths are identified, enhanced, respected, and mobilized to help families solve the problems which compromise their functioning and well-being.
- 3) Services promote the healthy development of children and youth, promote permanency for all children and help prepare youth emancipating from the foster care system for self-sufficiency and independent living.
- 4) Services focus on prevention, protection, or other short or long-term interventions to meet the needs of the family and the best interests and need of the individual(s) and are delivered in a manner that is respectful of and builds on the strengths of the community and cultural groups.
- 5) Services are organized as a continuum and are linked to a wide variety of supports and services which can be crucial to meeting families' and children's needs such as: housing, substance abuse treatment, mental health, health, education, job training, child care and informal support networks.
- 6) Child and family services are community-based, involve community organizations, parents and residents in their design and delivery, and are accountable to the community and the client's needs.

Services are intensive enough and of sufficient duration to keep children safe and meet family needs. The actual level of intensity and length of time needed to ensure safety and assist the family may vary greatly between preventive, family support, and crisis intervention services (family preservation) based on the changing needs of children and families at various times in their lives. A family or an individual does not need to be in crisis in order to receive services

ATTACHMENT G ASSURANCES

DEPARTMENT OF CHILD SERVICES (DCS) PROPOSAL FOR THE USE OF FEDERAL AND STATE FUNDS

Assurances

1. The provider agrees that funds requested for this program are unavailable through existing funds. The funds requested will not supplant or replace already existing funds but will be used to expand the range of services or client population.
2. The provider agrees to meet all evaluation and reporting requirements such as monthly updates, quarterly reports, and court reports as requested by the Department of Child Services.
3. The provider agrees to conform to Title VI of the Federal Civil Rights Act of 1964, as amended, and to Indiana Code 22-9-1-10, as amended, and thus assures non-discrimination in practices concerned with staff recruitment as well as in the provision of services without distinction as to color, race, religion, sex, handicap, ancestry.
4. The provider agrees to upgrade and maintain cultural knowledge base of staff regarding issues of diversity and cultural competence, particularly with primary populations being served.
5. The provider agrees that income (i.e. client fees, insurance, other public funds) generated by the program must be used to reduce the costs of the program to regional funding sources (Title IV-B I & II, SSBG, CFCIP or state and/or local funds). If the provider accepts Medicaid for payment of the unit, Title IV-B will not be billed for any part of that unit.
6. The provider agrees that if a regional funding source is paying for a group service by paying a group rate and non-DCS clients are members of the group and the non-DCS members are charged a fee, the sum of the fees collected shall be deducted from the approved group rate when processing the claim for regional funded services.
7. The provider agrees that the service for which the proposal is being written may require the appearance of the provider in court or appeals hearings. As part of its services, provider shall:
 - a. Require appearance of its employees in court as required by DCS
 - b. Immediately contact DCS regarding subpoenas/correspondence received, including notification of any correspondence addressed to a former employee
 - c. Provide contact information for former employees, if available
 - d. Provide a substitute witness for any former employee as requested by DCS
 - e. Timely copy and provide records and documentation
 - f. Arrange for documentation of chain of custody on tests administered to clients as part of provider's services, if requested by DCS.
8. The provider and all staff will meet the qualifications listed on the Service Standard as provided. Failure to meet qualifications could mean disqualification for payment of services rendered; therefore the grantee could have to make repayment for claims already paid. (If qualification waivers were granted during the term 7-1-06 to 12-31-09, the waiver will be honored as long as the person waived continues to work for the provider who sought the waiver.) Services will be conducted in a culturally competent that *include language and*

behavior that demonstrates respect for socio-cultural values, personal goals, life style choices, and complex family interactions.

9. The provider agrees that any agency treatment activity, therapy and service plan for a specific client or family will be compatible and consistent with the plan of case for the client/family that is on file with the Department of Child Services.
10. The provider agrees to maintain all case records indicating time spent with the clients, documents provided to the referring Department of Child Services and referral forms that authorize services.
11. The provider agrees that the overall service coordination or case management is the responsibility of the Department of Child Services and that DCS case plans are ultimate authority that controls the services clients receive.
12. The provider agrees to provide and maintain a drug free workplace as required by federal law (Drug Free Workplace Act of 1988-45 CFR, Part 76 subpart F). The provider agrees to sign the "STATE OF INDIANA DRUG FREE WORKPLACE CERTIFICATION".
13. The provider agrees that he/she is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in its transactions with any Federal agency or department. The provider agrees to sign the "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary
14. The provider agrees that funds provided under this award may not be used by the provider to support lobbying activities are to influence proposed or pending Federal or State legislation or appropriations.
15. The provider agrees that in accordance with Part C of Public Law 103-227, the "PRO-KIDS Act of 1994," smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs whether directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts.
16. The provider agrees that direct Federal grants, sub-awards, or contracts under this program shall not be used to support inherently religious activities such as religious instruction, worship, or proselytization. Therefore, organizations must take steps to separate, in time or location, their inherently religious activities from the services funded under this program.
17. The provider agrees that the undersigned attests that he or she has not directly or indirectly, to the best of his or her knowledge, entered into or offered to enter into any combination, collusion or agreement to receive or pay, and that he or she has not received or paid, any sum of money or other consideration for the execution of this agreement other than that which appears on the face of the agreement. The provider agrees to sign the "Non-Collusion Affidavit."
18. The provider agrees to sign a state contract for the provision of proposed and approved service(s).
19. The provider agrees to register to business with the Secretary of State

If awarded the contract, the provider agrees that Agency will be required to be registered, and be in good standing, with the Secretary of State. The registration

requirement is applicable to all limited liability partnerships, limited partnerships, corporations, S-corporations, nonprofit corporations and limited liability companies.

20. The provider agrees that the personnel signing the proposal must be legally authorized by the organization to commit the organization contractually. This section shall contain proof of such authority.
21. The provider agrees to take responsibility for the performance of any obligations that may result from this RFP, and shall not be relieved by the non-performance of any subcontractor. Any Respondent's proposal must identify all subcontractors and describe the contractual relationship between the Respondent and each subcontractor. Either a copy of the executed subcontract or a letter of agreement over the official signature of the firms involved must accompany each proposal.

Any subcontracts entered into by the Respondent must be in compliance with all State statutes, and will be subject to the provisions thereof. For each portion of the proposed products or services to be provided by a subcontractor, the technical proposal must include the identification of the functions to be provided by the subcontractor and the subcontractor's related qualifications and experience.

The combined qualifications and experience of the Respondent and any or all subcontractors will be considered in the State's evaluation. The Respondent must furnish information to the State as to the amount of the subcontract, the qualifications of the subcontractor for guaranteeing performance, and any other data that may be required by the State. All subcontracts held by the Respondent must be made available upon request for inspection and examination by appropriate State officials, and such relationships must meet with the approval of the State.

The Respondent must list any subcontractor's name, address and the state in which formed that are proposed to be used in providing the required services. The subcontractor's responsibilities under the proposal, anticipated dollar amount for subcontract, the subcontractor's form of organization, and an indication from the subcontractor of a willingness to carry out these responsibilities are to be included for each subcontractor. This assurance in no way relieves the Respondent of any responsibilities in responding to this RFP or in completing the commitments documented in the proposal. The Respondent must indicate which, if any, subcontractors qualify as a Minority or Women Owned Business under IC 4-13-16.5-1.

22. The provider agrees that they and any or all the sub-contractors shall meet the qualifications of the service standards or have received a waiver prior to 12/31/09 from the State DCS staff. It is ultimately the responsibility of the respondent to assure staff and sub-contractors meet the qualification listed in the service standard. In case of an audit the respondent could be in a pay back situation if service standards are not met.

23. The provider agrees to provide evidence that staff who works directly with DCS clients have received training on domestic violence, substance abuse and staff safety within the last 2 years.

Signature of the Certification Statement as part of the request for funds - proposal signifies agreement to comply with the above statements.

**ATTACHMENT H
SAMPLE CONTRACT
COMPREHENSIVE HOME BASED SERVICES
See www.in.gov/dcs/3151.htm for attachment**

ATTACHMENT I
EXHIBIT 1
CERTIFICATION OF COMPLETION OF REQUIRED CRIMINAL AND
BACKGROUND CHECKS

The Provider, _____, hereby certifies that it has performed all of the following steps (as marked below) as required pursuant to the criminal and background checks procedure set forth in Section 49 [Criminal and Background Checks] of its child welfare services contract (EDS# _____) (the "Contract") with the Indiana Department of Child Services (DCS) and has completed all the required criminal and background checks for all of its current employees and volunteers who have or will have electronic or physical access to children's records or direct contact with children on a regular and continuing basis or any contact when a child(ren) is/are alone or only with the Provider's staff in connection with performance of any services or activities pursuant to the Contract unless a waiver has been granted for certain employees or volunteers in accordance with the procedure set forth in paragraph (G) of Section 49 of the Contract. **A list of the Provider's current employees and volunteers that have received the requisite criminal and background checks referenced herein is attached hereto.** The Provider shall submit additional copies of this form to DCS each time that it performs the requisite additional criminal and background checks for employees or volunteers who join the Provider after the commencement date of the Contract **and attach a list of the names of such new employees or volunteers to any additional copies of this form it submits.** With respect to such employee(s) or volunteer(s) who join the Provider after the Contract begins, such employee(s) or volunteer(s) may **not** provide any services for the Provider pursuant to the Contract before the requisite criminal and background checks described in Section 49 of the Contract have been completed.

The Provider hereby certifies that it has:

_____ *Verified the identity* of all individuals subject to criminal and background checks;

_____ *Conducted Child Protection Services (CPS) checks* (for Indiana, send DCS a Request for Child Protection Services History Check; for other states, see DCS' website on child welfare policies for web link);

_____ *Conducted Sex and Violent Offender checks* (see DCS' website on child welfare policies to web links for Indiana and out-of-state checks);

_____ *Conducted Local Law Enforcement checks*;

_____ *Registered for Fingerprint-Based National and State Checks* (send DCS an Application for Criminal History Background Check); and

_____ *Evaluated the Results* of Criminal and Background Checks.

Signature of Provider

Date

ATTACHMENT J
Monthly Progress Report
 (Monthly report should be on Provider Letterhead)
 Report Period: 1
 Date to Date

| | |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Parent(s) Name | 2 |
| Child(ren) | 3 |
| Referral Agency: (<u> </u> County DCS or <u> </u> County Probation Office) | 4 |
| Case Manager/Probation Officer: | 5 |
| List Service Standard | Provider Agency Staff for each Service |
| 6 | 7 |
| | |
| | |

8 Reason for Referral and Presenting Issues:

9 Family Functional Strengths:

10 Overall recommendation and progress summary:

11 Next scheduled contact with family: _____

12

Signature

13

Date:

Individual Service Standard Monthly Report
Report Period: 14 to

Complete the following information for each DCS service standard

| | | | | | |
|------------------------------------------------------------------|-------------|-----------------|---------------|-----------------|----------------------|
| Service Provide (Service Standard) | | | | 15 | |
| Begin/End Date of Referral: | | | | 16 | |
| Service Provider Staff | | | | 17 | |
| Number of Service Unit Authorized | | | | 18 | |
| Number of service units delivered to end of report period | | | | 19 | |
| Contact Date | Time | Duration | Method | Location | Those Present |
| 20 | 21 | 22 | 23 | 24 | 25 |
| | | | | | |
| | | | | | |
| | | | | | |

*Method includes such things as Face to Face(ff), Phone(ph), Collateral Contacts(cc), DCS Contacts(dcs), CFTM Attendance (cftm), Court Testimony (ct), ' Add more lines as appropriate.

| | |
|-----------------------------------------------------|-----------|
| Number of Appointments cancelled by Family | 26 |
| Number of Appointments cancelled by Provider | 27 |
| No Shows | 28 |

Complete the following for each Goal: (Duplicate as needed)

| |
|--------------------------------------------------------------------------------------------|
| 29 DCS Service Goal: |
| 30 Narrative Discussion of Services provided for this goal during month: |
| 31 Progress Summary toward goal: |
| 32 Family cooperativeness: |
| 33 Recommendation regarding services for goal (Continue: Reason or End: Reason) |

34
Signature

35
Date:

Instructions for completing the Monthly Report

- 1. Report Period:** Indicates the monthly period of time in which services were provided for example, July 1 to July 31, 2010
- 2. Parent(s) Name:** Parent Name from referral
- 3. Child(ren) Name:** Child(ren) name(s) from referral
- 4. Referral Agency Name:** Name of local office of DCS or Probation Office
- 5. FCM/Probation Officer:** Current FCM or Probation Officer
- 6. List Service Standard:** List the DCS Service Standard as indicated on the referral.
- 7. List Provider Staff:** List the name of the staff member who provided the services for the family for the corresponding service standard.
- 8. Reason for Referral and Presenting Issues:** Reason as indicated on the Referral and presenting issues determined while working with the family.
- 9. Family Functional Strengths:** Include strengths of the family.
- 10. Overall recommendation and progress summary:** Summarize the families' progress and include all recommendations.
- 11. Next Scheduled Contact with Family:** Indicates the date of the next scheduled meeting with the referred family.
- 12. Signature:** Signature of person completing the report.
- 13. Date:** Date of Signature

The above information should be completed by the provider on a monthly basis as a summary for all services provided. Recommend that it be completed and sent to FCM by the 10 of the month following service delivery.

The information below shall be completed for each service (per service standard) It should be attached to the above sheet. Cancellation and no shows should be reported to the FCM as soon as possible by phone or email.

- 14 Report Period:** Indicates the monthly period of time in which services were provided per report for example July 1 to July 31, 2010
- 15 Service Provided (Service Standard):** Name of DCS Service Standard as indicated on the referral.
- 16 Begin/End Date of Referral:** Dates as indicated on the referral.
- 17 Service Provider Staff:** List the staff that provided service under the service standard during the reporting month.
- 18 Number of Service Units Authorized:** Number of maximum units indicated on the referral.

- 19 Number of service units delivered to end of report period** Total number of service units used since the referral begin date. Include Medicaid services if Medicaid service units were in the referral.
- 20 Contact Date:** Date of contact.
- 21 Time:** Begin and end time
- 22 Duration:** Length of contact
- 23 Method** *Method includes such things as Face to Face (ff), Phone (ph), Collateral Contacts (cc), DCS Contacts (dcs), CFTM Attendance (cftm), Court Testimony (ct),
- 24 Location:** Location of service.
- 25 Those Present:** indicates all individuals present for services.
- 26 Number of Appointments cancelled by Family:** Enter the number of visits cancelled by the family during the month. Explain any issues in #8 Presenting issues in the monthly report.
- 27 Number of Appointments cancelled by Provider:** Enter the number of visits cancelled by the provider during the month. Explain any issues in #8 Presenting issues in the monthly report.
- 28 No Shows:** Enter the number of no shows for visits during the month. Explain any issues in #8 Presenting issues in the monthly report.

Complete the following for each goal, duplicate as needed.

- 29 Service Goal:** Enter the DCS goal for the service
- 30 Narrative Discussion of Services provided for this goal during month:** A monthly narrative of services should be included for each corresponding goal.
- 31 Progress Summary toward goal:** enter progress toward goal
- 32 Family Cooperativeness:** enter the willingness of the family to accept services
- 33 Recommendation regarding services for goal (Continue: Reason or End Reason):** A recommendation should be provided for each corresponding goal.
- 34 Signature:** Signature of person completing the report.
- 35 Date:** Date of Signature

ATTACHMENT K PROPOSAL SCORING TOOL

| Proposal Scoring Tool | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Provider: _____ | Scorer: _____ |
| Service: _____ | Date: ____/____/____ |
| Instructions: 1. Questions contained in Step 1 are Pass/Fail. 2. Please complete one score sheet for each Evidenced Based Practice Model or Promising Practice being proposed. 3. Remember to rate each statement listed on the score sheet. If you believe the proposal meets none of the standards described in the statement, mark as "0". Other ratings should be used to quantify other levels of standards met. | |
| Summary of Evaluation Criteria | Score |
| Step 1 | |
| 1. Adherence to Mandatory Requirements (followed instructions and standard format) | (circle one) PASS FAIL |
| 2. Application Pages signed <i>in blue ink</i> . | (circle one) PASS FAIL |
| Step 2 | |
| Budget Section (10 Points Total) | |
| 1. The Budget template must be used, completed in full, with correct information. Budgets and Cost Justification in Service Narrative should include reasonable costs and rates. (10 points). | /10 |
| Provider Narrative scoring (10 Points Total) | |
| 1. The Provider Narrative: This section should cover all important history and development of the organization to date, along with including the organizational chart including Board of Directors and any other affiliates. (5 points) | /5 |
| 2. The Provider Narrative documents that the agency/provider historically has had an acceptable working relationship with the local DCS or other community agencies, if there is no prior relationship with the DCS. (5 points) | /5 |
| Service Narrative Scoring (80 points Total) | |
| 1. The Service Narrative should provide the program name as well as describe the Evidenced Based Practice Model or Promising Practice to be utilized. Narrative demonstrates that the selected model will best meet the needs of DCS/juvenile probation clients, Narrative describes how Respondent will maintain continued adherence to the fidelity to the chosen model. Training and supervision needs/requirements are detailed in narrative. Respondent's experience and training related to the service delivery model are described. (40 points) | /40 |
| 2. The Service Narrative defines the target population, the geographical service area, and provides the projected number of clients the Provider/Agency intends to serve. The capacity described in the narrative meets the needs of the region. Describes the referral and admission process and includes procedure/methods for a guaranteed time frame for initiation of services, protocols are included. Initial assessment process and inclusion of staff in the DCS Quality Services Reviews is detailed. (20 points) | /20 |
| 3. The Service Narrative describes appropriate goals of the specific program, including the goals outlined in the Service Standard. The method of evaluating the goals and reporting the outcomes back to DCS is detailed. (10 points) | /10 |
| 4. Proposal identifies timeline of services and completes the summary of proposed services chart. Timeline is realistic and includes time for training of staff to ensure fidelity of model is | |

ATTACHMENT I FEDERAL SELECTED DISALLOWED EXPENSES

Advertising:

Advertising other than for recruitment of personnel, volunteers, or for specialized materials are not allowable.

Bad Debts:

Bad debts expense is not an allowable expense.

Capital Expenditures:

The cost of any capital purchase of \$500 or more is not allowed as an expense except through yearly depreciation.

Client Wages:

Wages paid by the provider to recipients of purchased services should be offset by program income and are not allowable as expenses.

Contingencies or Reserve Funds:

Funds reserved for specific or unforeseen future expenses are not allowable as expenses for purchased services.

Contributions:

Contributions or donations made by providers to others are not allowable expenses for purchased services or grants.

Depreciation on Assets Purchased with Federal or State funds:

Depreciation on buildings or equipment furnished by the federal government, purchased through federal grants, or by state monies is not an allowable expense.

Entertainment Costs:

Cost of entertainment, meals, diversions and ceremonials are not allowable expenses.

Expenses Offset or Other Federal Revenue:

Expenses allocable to other federal programs are not allowable expenses.

Fines and Penalties:

Fines and penalties are not allowable as expenses for purchased services.

Fund Raising Costs:

Cost incurred for fund raising should be offset by fund raising revenue and are not allowable as expenses.

In-Kind Expenses:

In-Kind expenses recorded to recognize the value of donated space, goods, and services are not allowable as service or grant expenses, but may qualify as required match.

Legal Expenses:

Legal expenses not directly benefiting purchased services are not allowable expenses.

Lobbying Expenses:

Costs incurred in attempting to influence legislation including lobbyists and related expenses are not allowable as expenses.

Interest Expenses:

Interest expense is not an allowable expense.

Contract Supplies:

Supplies used in the production of goods to be sold should be offset by program income and are not allowable as expenses.

Moving Costs:

These costs are not allowed.

Taxes:

Taxes for which the provider could be exempted are not allowable as expenses, and taxes and related penalties from prior years are not allowable as expenses.

Lease with Option to Purchase or Less-Than Arms Length:

Any items such as building, vans or other equipment leased with the provision to purchase at the expiration of a specific period of time are not allowable. A less-than arms-length lease is one under which one party to the lease agreement is able to control or substantially influence the actions of the other. Such leases include, but are not limited to, those between (1) divisions of an organizations; (2) organizations under common control through common officers, directors or members; and (3) an organization and a director, trustee, officer, or key employee of the organization or his immediate family either directly or through corporations, trusts or similar arrangements in which they hold a controlling interest.

Losses on Other Grants or Contracts:

Any excess costs over income on any grant or contracts are not allowable as a cost of any other grant or contract.

Raw Materials:

The cost of raw materials to be used in products produced for contract work or the cost of any item purchased for resale (such as bending machine supplies) are not allowable.

Stipends:

Stipends paid to employees attending classes are unallowable.

THE ABOVE IS NOT INTENDED TO BE A COMPLETE LIST OF EVERY EXPENSE WHICH WOULD NOT BE ALLOWED AS A SERVICE COST OR GRANT EXPENDITURE. FEDERAL REGULATIONS REQUIRE THAT EXPENSES MUST BE REASONABLE AND NECESSARY TO ACCOMPLISH THE PURPOSE OF THE GRANT OR CONTRACT. THE ALLOWABILITY OF A SPECIFIC EXPENSE WILL BE DETERMINED ON THAT BASIS AND BY COMPARISON TO THE ABOVE LIST AS WELL AS SPECIFIC GRANT OR CONTRACT PURPOSE.

The following is a list of items which are sometimes improperly recorded as expenses and are not allowable as service costs or grant expenditures.

Medicare Settlements:

When an audit by Medicare results in a repayment of funds, the repayment should be treated as adjustments to prior year's income, not as current expenses.

Reimbursements:

When audits by Family and Social Service Administration results in repayment, the repayments should be treated as adjustment to prior year's income, not as current expenses.

Expenses Which Have Been Offset by Credits:

In order to be reimbursable, expenses must be net of all applicable credits. Occasionally money received by an agency to reduce an expense is improperly recorded as income instead. Example of items which reduce expense amounts are:

- Trade, cash, or prompt payment discounts
- Refunds or credits for overcharges or duplicate payments.
- Reimbursement for expenses incurred on behalf of another entity.

Improper Costs:

Any cost which should be the responsibility of an individual and is paid by the grantee is not allowable. In some situations, fraud may be involved and in those cases, the controller for Family and Social Services Administration should be contacted. An example would be an employee using funds of a not-for-profit grantee to pay for personal expenses such as his or her own utility bills, etc.